Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Fees TRANS of the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known
	Application Number	10/579,847
FEE TRANSMITTAL	Filing Date	06/06/2008
For FY 2009	First Named Inventor	Ivan Melnyk
	Examiner Name	Isam A Alsomiri

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1070.00 CXXXXX

Complete if Known		
Application Number	10/579,847	
Filing Date	06/06/2008	
First Named Inventor	Ivan Melnyk	
Examiner Name	Isam A. Alsomiri	
Art Unit	3662	
Attorney Docket No.	OY4247US (#90571)	

				ittomey Docke		727705 (IF)	
METHOD OF PAYMEN	T (check al	l that apply)					
Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.							
For the above-ident	ified deposit	account, the Dire	ector is hereby	y authorized to	o: (check all th	nat apply)	
Charge fee(s) indicated be	elow		Charg	ge fee(s) indic	ated below, exc	ept for the filing fee
Charge any a under 37 CFI WARNING: Information on this					it any overpay		ovide credit card
information and authorization	_	<u>-</u>					
FEE CALCULATION			•				
1. BASIC FILING, SEAI	FILING		SEARCH	H FEES	-	TION FEES Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FE Fee Description	2. EXCESS CLAIM FEES Small Entity						Small Entity Fee (\$)
Each claim over 20 (including Reissues) 52 26							
Each independent claim over 3 (including Reissues) 220 110							
Multiple dependent claims 390 195							
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u> 20 or HP = x = = <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
						<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20. Indep. Claims							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x 0.00 = 0.00							
VKYVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Fees Paid (\$) 15.00			
Other (e.g., late filin	Other (e.g., late filing surcharge): Small entity issue fee + publication fee 1,055.00				1,055.00		

SUBMITTED BY				· <u>·····</u>	
Signature	Westell	Registration No. (Attorney/Agent)	24,603	Telephone	216.771.3800
Name (Print/Type)	D. Peter Hochberg			Date Volto	le 10 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (09-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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10/579,847

TRANSMITTAL	Filing Date	06/06/2008			
SEP 1 4 2009 FORM	First Named Inventor	Ivan Melnyk			
2009	Art Unit	3662			
(b) be used for all sorrespondence after initial	Examiner Name	Isam A. Alsomiri			
Total Number of Pages in This Submission	6 Attorney Docket Number	OY4247US (#90571)			
Total Number of Pages III This Submission					
	ENCLOSURES (Check all	I that apply)			
Fee Transmittal Form X	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Compared Papers Remarks Please charge any additional decount No. 08-2441.	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTOL-85 / RETURN POST CARD es or credit any overpayment to Deposit			
SIGNA	TURE OF APPLICANT, ATTO	DRNEY, OR AGENT			
Firm Name D. Peter Hochberg C	o., L.P.A.				
Signature					
Printed name D. Peter Hochberg					
Date September /	0,2009	Reg. No. 24,603			
CERTIFICATE OF TRANSMISSION/MAILING					
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Signature Coul Coxcusulu					
Typed or printed name Pamela Korzenijowski Date Splember 10, 2009					
		"			

Application Number

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